REPAIR FORM

Please print this entire form and send it with your product to the address below. We can also arrange local pickup or drop off **By Appointment ONLY.**

| Full Name: | | | | |
|---|-----------------|------------------|-------------------|----|
| Return Address: | | | | |
| City | | | - - | |
| Email Address: | | | | |
| Company Name: | | | | |
| Phone: | Cell: _ | | | |
| Product Information Make: | | | | _ |
| Description of Problem | | | | |
| CHECK ONE: | | | | |
| [] I am requesting a quote prio | r to any work | being done. | | |
| [] I authorize Marine Mods, Ind does not exceed fees. | • | | • | ٥. |
| Sign: | | | _ Date: | |
| DO NOT SEND CABLES, MAP C | HIPS, BEZELS, ' | TRIMS OR ACCESSO | RIES. | |

Insure your shipment! Marine Mods, Inc. is not responsible for damages that occur during shipment.

Mailing Address:

Marine Mods, Inc.

9734 NW 27 TER MIAMI, FL 33172

786.618.1011 / 305.785.3355